

RECORD NIGHT FIRE SCORECARD

For use of this form see FM 3-22.9; the proponent agency is TRADOC.

ID CODE	UNIT	DATE (YYYYMMDD)	EVALUATOR'S ID CODE
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TABLE 1 FOXHOLE SUPPORTED FIRING POSITION												TABLE 2 PRONE UNSUPPORTED FIRING POSITION											
RD	RANGE (m)	TIME (sec)	HIT	MISS	NO FIRE	RD	RANGE (m)	TIME (sec)	HIT	MISS	NO FIRE	RD	RANGE (m)	TIME (sec)	HIT	MISS	NO FIRE	RD	RANGE (m)	TIME (sec)	HIT	MISS	NO FIRE
1	50L	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	100	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	100	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	150	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	200	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	200		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	200	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	50R	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	100	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	150	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	150	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	100	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	150	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	50R		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	50L	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	200		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	100	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	100	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	200		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	150	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	150	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	150		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	150	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	50L		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	50R	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	200	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	100		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	100	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	200	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	150	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	50R	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	150		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	150	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	50L	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	150		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	200	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	250	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	250		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	100	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	100		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOTAL			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOTAL			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOTAL			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORE	QUALIFICATION SCORE RATINGS <i>(Check One)</i>	AIMING DEVICE USED <i>(Check One)</i>																
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th>TABLE</th><th>HIT</th><th>MISS</th><th>NO FIRE</th></tr> <tr> <td>1</td><td></td><td></td><td></td></tr> <tr> <td>2</td><td></td><td></td><td></td></tr> <tr> <td>TOTAL</td><td></td><td></td><td></td></tr> </table>	TABLE	HIT	MISS	NO FIRE	1				2				TOTAL				<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 35-40 -- EXPERT </div> <div> <input type="checkbox"/> 17-23 -- MARKSMAN </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> 24-34 -- SHARPSHOOTER </div> <div> <input type="checkbox"/> 16 AND BELOW -- UNQUALIFIED </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> AN/PEQ-2A/B </div> <div> <input type="checkbox"/> AN/PAQ-4B/C </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> AN/PVS-4 </div> </div>
TABLE	HIT	MISS	NO FIRE															
1																		
2																		
TOTAL																		
FIRER'S QUALIFICATION SCORE																		

REMARKS

DATE INITIALED (YYYYMMDD)	SCORER'S INITIALS
DATE INITIALED (YYYYMMDD)	OFFICER'S INITIALS